PRINTED: 05/01/2009

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

NVS584HHA

NVS584HHA

STREET ADDRESS, CITY, STATE, ZIP CODE

GENTIVA HEALTH SERVICES II

FORM APPROVED

(X3) DATE SURVEY COMPLETED

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STREET ADDRESS, CITY, STATE, ZIP CODE

505 EAST CAPOVILLA, SUITE #104

LAS VEGAS, NV 89119

GENTIVA HEALTH SERVICES II		505 EAST CAPOVILLA, SUITE #104 LAS VEGAS, NV 89119				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FUI REGULATORY OR LSC IDENTIFYING INFORMATION		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETI DATE		
H 00	INITIAL COMMENTS	H 00				
	This Statement of Deficiencies was generate the result of a State licensure survey conduct at your agency on March 17, 2009 through M 20, 2009. The state licensure survey was conducted in accordance with Chapter 449, Home Health Agencies, adopted by the State Board of Health November 28, 1973, last amended November 17, 2005.	ted larch				
	The findings and conclusions of any investigations by the Health Division shall not be construed prohibiting any criminal or civil investigations, actions, or other claims for relief that may be available to any party under applicable federa state or local laws.	as ,				
	The following regulatory deficiencies were identified:					
H151 SS=A	449.782 Personnel Policies	H151				
	A home health agency shall establish written policies concerning the qualification, responsibilities and conditions of employmen each type of personnel, including licensure if required by law. The written policies must be reviewed as needed and made available to the members of the staff and the advisory groups. The personnel policies must provide for: 5. Job descriptions for each category of personnel which are specific and include the of activity each may carry out; This Regulation is not met as evidenced by: Based on record review on 3/19/09, the agent failed to include a signed job description in the personnel file for 2 of 8 employees (#2 and #	t for ne s. type				
	Findings include:					

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		NVS584HHA		B. WING		03/20	0/2009	
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H151	Continued From page 1			H151				
	Employee #2's file lac description.	ployee #7 on 3/02/09. ked a signed job						
H152 SS=C	A home health agency shall establish written policies concerning the qualification, responsibilities and conditions of employment for each type of personnel, including licensure if required by law. The written policies must be reviewed as needed and made available to the members of the staff and the advisory groups. The personnel policies must provide for: 6. The maintenance of employee records which confirm that personnel policies are followed; This Regulation is not met as evidenced by: Based on record review on 3/19/09, the agency failed to comply with NRS 449.179 for 7 of 8 employees (#2, #3, #4, #5, #6, #7, #8). Findings include: The Nevada Revised Statutes (NRS) 449.179(1)a: "Except as otherwise provided in subsection 2, within 10 days of hiring an employee or entering		H152					
	into a contract with ar the administrator of, coperate, an agency to home, a facility for int	or independent contractor for the person licensed to provide nursing in the ermediate care, a facili sidential facility for grou	or, o ty for					

Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS584HHA 03/20/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 505 EAST CAPOVILLA. SUITE #104 **GENTIVA HEALTH SERVICES II** LAS VEGAS, NV 89119 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) H152 H152 Continued From page 2 (a) Obtain a written statement from the employee or independent contractor stating whether he has been convicted of any crime listed in NRS 449.188..." The personnel files for employees #2, #3, #4, #5, #6, #7 and #8 lacked signed written statements stating whether they were convicted of any crime as required in NRS 449.188. The most recently hired of these employees was Employee #7 with a hire date of 3/02/09. NRS 449.179(1)c,(1)d: "Except as otherwise provided in subsection 2, within 10 days of hiring an employee or entering into a contract with an independent contractor, the administrator of, or the person licensed to operate, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups shall: (c) Obtain from the employee or independent contractor two sets of fingerprints and a written authorization to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report; and (d) Submit to the Central Repository for Nevada Records of Criminal History the fingerprints obtained pursuant to paragraph (c)." The personnel files of employees #2, #4 and #7 lacked two sets of fingerprints and evidence of submission of those fingerprints to the Central Repository for Nevada Records of Criminal History and the Federal Bureau of Investigation.

The most recently hired of these employees was

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The personnel file of employee #6 contained fingerprints dated 8/21/01 and criminal

Scope:3

clearances dated 2001.

Severity:1

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screening test must be administered thereafter, unless the medical director of the facility or his

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develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis.

Based on record review, the agency failed to ensure employees received tuberculin screening tests pursuant to NAC 441A.375 in 2 of 8

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H153	Continued From page 6	H153					
	employees (#6 and #7).						
	Findings include:						
	Employee #6						
	On 3/19/09 in the afternoon, Employee #6's indicated the agency hired her on 8/21/01. T file contained annual one-step Tuberculin screening test results dated 9/18/07 and 10/28/08.						
	Employee #7						
	On 3/19/09 in the afternoon, Employee #7's indicated the agency hired her on 3/02/09. T file lacked a pre-employment physical and Tuberculin screening test results.	I					
	Severity:1 Scope: 3						
H186 SS=A	449.797 Contents of Clinical Records	H186					
	Clinical records must contain: 3. A clinical summary from the hospital, skillinursing facility or other health service facility which the patient is transferred to the home health agency. This Regulation is not met as evidenced by Based on clinical record review, the agency to ensure it received a clinical summary from referring physician's office for 2 of 15 patient (#12, 13).	failed n the					
	Findings include:						
	Patient #12						
	The start of care for Patient #12 was 2/2/09. Diagnoses included left side hemiplegia, del	bility					

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H195	Patient #13 The start of care for F Diagnoses included a cancer and Alzheime The clinical record for evidence of a summa history (clinical summa Severity:1 Scope:	r Patient #12 lacked ary of the patient's medinary). Patient #13 was 3/5/09. urinary retention, prostar's disease. r Patient #13 lacked ary of the patient's medinary).	ite	H186					
SS=A	orders for skilled nurs services submitted by recorded before they orders must bear the who initiated the order after receipt of the or This Regulation is not Based on clinical receive and interview, a physician signed an order and the subsect patients (#18). Findings include: Patient #18 On 11/20/08, the age	are carried out All med signature of the physic er within 20 working day	utic lical cian /s cy nsure n of 20						

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4. Medication orders must include: (a) The name of the drug.

(d) The duration of treatment.(e) The method of administration.(f) Any special precautions, including requests for doctor's orders for the use of

grams or other measurements. (c) Frequency.

(b) The exact dosage in units, milligrams,

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